

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF) WAIVER SERVICE CODES & REIMBURSEMENT
2/08

| HOME-BASED THERAPY | | | | | | | |
|--|---|----|----------------|---|---------|---------|----|
| Code – Modifier | Description | PT | Payment Method | RATE | Min Age | Max Age | PA |
| H2021 UA | Community-Based Wrap-Around Services, Per 15 Minutes, Waiver Service | 28 | fee schedule | \$29.00 | 006 | 016 | Y |
| H2022 UA | Community Wrap-Around Service, Per Diem, Waiver Service (use for meetings) | 28 | fee schedule | \$30.00 | 006 | 016 | Y |
| RESPITE | | | | | | | |
| Code – Modifier | Description | PT | Payment Method | RATE | Min Age | Max Age | PA |
| S5150 UA | Unskilled Respite Care, Not Hospice; Per 15 Minutes, Waiver Service | 28 | fee schedule | 4.50 | 006 | 016 | Y |
| S5151 UA | Unskilled Respite Care, Not Hospice; Per Diem, Waiver Service | 28 | fee schedule | \$200.00 | 006 | 016 | Y |
| EDUCATION & SUPPORT | | | | | | | |
| Code – Modifier | Description | PT | Payment Method | RATE | Min Age | Max Age | PA |
| G0177 UA | Training & Education Services Related To Care & Treatment Of Disabling Mental Health Problems, Waiver Service | 28 | fee schedule | \$75.00 | 006 | 016 | Y |
| NON-MEDICAL TRANSPORTATION | | | | | | | |
| Code – Modifier | Description | PT | Payment Method | RATE | Min Age | Max Age | PA |
| S0215 UA | Non-Emergency Transportation; Mileage Per Mile, Waiver Service | 28 | fee schedule | \$0.22 | 006 | 016 | Y |
| CONSULTATIVE CLINICAL AND THERAPEUTIC SERVICES | | | | | | | |
| Code – Modifier | Description | PT | Payment Method | RATE | Min Age | Max Age | PA |
| 90899 UA | Telephone Call TO A PSYCHIATRIST By A Physician or Mid-Level Practitioner For Consultation; Waiver Service | 28 | fee schedule | \$120.00 (psychiatrist) \$80.00 (physician or mid-level) | 006 | 016 | Y |
| CUSTOMIZED GOODS & SERVICES | | | | | | | |
| Code – Modifier | Description | PT | Payment Method | RATE | Min Age | Max Age | PA |
| T1999 UA | Therapeutic items and supplies, not otherwise classified, waiver service | 28 | fee schedule | \$200.00 | 006 | 016 | Y |

| KEY |
|-----------------------------------|
| Per Diem = daily |
| UA = waiver service |
| PA = prior authorization required |
| PT = provider type (28 = waiver) |